

| POSITION                  | INITIALS           | NO.     | DATE     |
|---------------------------|--------------------|---------|----------|
| FEE DETERMINATION         | <i>[Signature]</i> |         | 04/17/01 |
| O.I.P.E. CLASSIFIER       | <i>[Signature]</i> | 32      | 5/8      |
| FORMALITY REVIEW          | KW                 | JCS/705 | 06/11/01 |
| RESPONSE FORMALITY REVIEW |                    |         |          |

# INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| =                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| ÷                   | Restricted | O | Objected     |

| Claim          | Date   |
|----------------|--------|
| Final Original |        |
| 1              | 6-4-03 |
| 2              | ✓      |
| 3              | ✓      |
| 4              | 0      |
| 5              | ✓      |
| 6              | 0      |
| 7              | ✓      |
| 8              | ✓      |
| 9              | ✓      |
| 10             | ✓      |
| 11             | ✓      |
| 12             | ✓      |
| 13             | 0      |
| 14             | N      |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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